

# SDB ORGANIZATION FINANCIAL PARTNERSHIP APPLICATION

**Applicant Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Person Responsible for Application:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Have you spoken with a Conference Director about this program/project?**      Yes      No  
If so, who: \_\_\_\_\_

**Program / Project Title:** \_\_\_\_\_

**Program / Project Description** (what will this program / project do/how will it actively advance God's Kingdom-please be as thorough as possible):

**What is the estimated cost of this program / project? (in US dollars):** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**How will this money be used?** (Budget, etc.) (Additional documentation may also be attached)

**Financial Need Description (why are you asking for us to partner with you on this project)?**  
[please be as thorough as possible]

**If the request is not approved in full, would you be interested in:**      Matching Funds      Loans

**OFFICE USE ONLY**

**Date Application Received:** \_\_\_\_\_

**Reviewer 1:** Grant Administrator

Yes No

Date: \_\_\_\_\_

**Reviewer 2:** Director Team

Yes No

Date: \_\_\_\_\_

**Reviewer 3:** General Council

Yes No

Date: \_\_\_\_\_

**Reviewer 4:** Memorial Board

Yes No

Date: \_\_\_\_\_

**Funds Disbursed From:** \_\_\_\_\_

Date: \_\_\_\_\_

(Name of Fund or Account)

**Amount Awarded:** \_\_\_\_\_

**Partnership Program:** \_\_\_\_\_

**Any conditions or contingencies of the grant** (please attach any additional documentation):

**Reporting Requirements** (To whom; when; how; etc.):

**Approval, Conditions, and Requirements communicated to applicant on:**

Date: \_\_\_\_\_

By: \_\_\_\_\_